

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	382	561	lb/d	2	3	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	32868	57585	lb/d	211	247	331	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	422	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	3.27	*****	5.34	mg/L		Three per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	818	885	lb/d	4.7	*****	4.9	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	392	428	lb/d	2.2	*****	2.4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Assistant Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/2/13/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17	33	lb/d	.12	*****	.23	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	*****				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.3	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	18.7	23.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	337	561	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Assistant Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/2/13/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	41168	63189	lb/d	266	273	460	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	368	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Assistant Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	12/13/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
1. Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE		DATE
Aram Varjabedian/ Assistant Plant Manager			(508)580-7885		12/13/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	266	570	lb/d	2	2	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	29950	49817	lb/d	202	248	346	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	305	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	1.13	*****	2.02	mg/L		14 per Month	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	175	191	lb/d	1.5	*****	1.5	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	256	266	lb/d	2.2	*****	2.4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/3/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12	19	lb/d	.12	*****	.12	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	*****				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.2	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	18.4	26.9	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	311	448	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/3/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	39482	61908	lb/d	264	338	397	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	338	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		3/12/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
QUARTERLY TOXICITY DATA
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Twice per Quarter	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	9.2	*****	*****	%	1	Twice per Quarter	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		3/24/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Effluent failed chronic toxity for test initiated on 2-8-14. Test re-run on 2-22-14, effluent passed both acute and chronic at 100%.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		3/24/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.4	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	268	940	lb/d	2	3	6	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	32430	90559	lb/d	229	291	560	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	348	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	3.7	mg/L		14 per Month	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	411	412	lb/d	3.1	*****	3.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	239	274	lb/d	1.8	*****	2.1	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		4/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value is monthly average value per AO dated 4/5/2006 Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12	41	lb/d	.09	*****	.17	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.2	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.8	37.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	288	626	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		4/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value is monthly average value per AO dated 4/5/2006 Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	38689	70668	lb/d	280	314	437	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	381	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	4/11/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value is monthly average value per AO dated 4/5/2006 Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Monthly	COMP24
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	COMP24
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
Darlene Domingos/ Project Manager			(508)580-7885	14/23/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	323	836	lb/d	2	2	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	48246	123547	lb/d	258	316	624	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	597	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	*****		*****	*****	*****	*****			
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	2.69	*****	5.31	mg/L		Three per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/09/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2NPDES permit limit for NH3-N monthly average for December 1 - April 30 = 9.5 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	943	1059	lb/d	3.9	*****	3.9	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	434	490	lb/d	1.8	*****	1.8	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.68	26.5	lb/d	.08	*****	.12	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	*****				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	22.4	33.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		05/09/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2NPDES permit limit for NH3-N monthly average for December 1 - April 30 = 9.5 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	63	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	381	664	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	48542	72493	lb/d	262	294	396	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	519	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		05/09/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2NPDES permit limit for NH3-N monthly average for December 1 - April 30 = 9.5 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		07/17/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Daily flow did not exceed 30 MGD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	168	368	lb/d	1	2	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	35270	52852	lb/d	283	378	467	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	279	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.4	*****	1.05	mg/L		Three per Week	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	210	236	lb/d	1.6	*****	1.7	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/6/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is compliant with interim monthly average effluent limitation of 20 ug/L per AO dated 4/5/2006 Attachment 2. Per AO no daily limitation is established.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	443	485	lb/d	3.4	*****	3.5	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.7	26.5	lb/d	.11	*****	.18	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	*****				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.1	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.2	22	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/6/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is compliant with interim monthly average effluent limitation of 20 ug/L per AO dated 4/5/2006 Attachment 2. Per AO no daily limitation is established.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	9	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	254	368	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	39290	58856	lb/d	317	379	517	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	325	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.4	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.6	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	/6/11/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is compliant with interim monthly average effluent limitation of 20 ug/L per AO dated 4/5/2006 Attachment 2. Per AO no daily limitation is established.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE	
Darlene Domingos/ Project Manager			(508)580-7885	16/26/2014	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		07/17/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	106	208	lb/d	1	1	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	33515	63926	lb/d	345	412	618	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	116	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11	46	lb/d	.12	.14	.51	mg/L		Three per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	12	lb/d	*****	*****	*****	*****		Three per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		7/10/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/06 Attachment 2Nitrite and Nitrate analysis (report only) for sample date 6/10/14 was run outside of sample hold time.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	121	131	lb/d	1.2	*****	1.3	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	391	396	lb/d	3.9	*****	3.9	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.6	22.06	lb/d	.16	*****	.24	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5.3	*****	*****	ug/L		Weekly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.2	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.6	13.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/10/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/06 Attachment 2Nitrite and Nitrate analysis (report only) for sample date 6/10/14 was run outside of sample hold time.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	13	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	193	220	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	34812	57335	lb/d	361	373	532	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	206	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		7/10/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/06 Attachment 2 Nitrite and Nitrate analysis (report only) for sample date 6/10/14 was run outside of sample hold time.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		07/17/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	97	334	lb/d	1	1	4	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	27369	54283	lb/d	313	427	576	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	123	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	22	56	lb/d	.25	.41	.61	mg/L		Three per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	37	lb/d	*****	*****	*****	*****		Three per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value is monthly average value per AO dated 4/5/2006, Attachment 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	138	165	lb/d	1.5	*****	1.8	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	342	382	lb/d	3.7	*****	4.2	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.68	21.93	lb/d	.16	*****	.27	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5.6	*****	*****	ug/L		Weekly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.3	11.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value is monthly average value per AO dated 4/5/2006, Attachment 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	48	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	173	195	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	29418	41372	lb/d	340	392	481	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	180	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Copper value is monthly average value per AO dated 4/5/2006, Attachment 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		8/12/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow did not exceed 30 MGD, therefore additional toxicity not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	89	156	lb/d	1	1	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	15748	26840	lb/d	204	218	342	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	109	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	66	385	lb/d	.87	3.44	5.14	mg/L	5	14 per Month	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	260	lb/d	*****	*****	*****	*****	1	14 per Month	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MOR includes July flow numbers which were mistakenly omitted with the July Report. BOD weekly average limit for this period is 1200 lbs/day. Limit of 3750 lbs/day is for Nov 1 - April 30, inserted a NODI "9" code.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	90	94	lb/d	1.2	*****	1.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	309	335	lb/d	4	*****	4.3	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.06	12.9	lb/d	.15	*****	.17	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	*****	ug/L		Five per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.2	10.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/11/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MOR includes July flow numbers which were mistakenly omitted with the July Report.BOD weekly average limit for this period is 1200 lbs/day. Limit of 3750 lbs/day is for Nov 1 - April 30, inserted a NODI "9" code.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	22	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	169	328	lb/d	2	3	4	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	23685	41859	lb/d	307	337	510	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	200	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	*****		*****	*****	*****	*****			
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MOR includes July flow numbers which were mistakenly omitted with the July Report. BOD weekly average limit for this period is 1200 lbs/day. Limit of 3750 lbs/day is for Nov 1 - April 30, inserted a NODI "9" code.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		09/11/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MOR includes July flow numbers which were mistakenly omitted with the July Report. BOD weekly average limit for this period is 1200 lbs/day. Limit of 3750 lbs/day is for Nov 1 - April 30, inserted a NODI "9" code.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
QUARTERLY TOXICITY DATA
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885	09/11/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		09/11/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	87	153	lb/d	1	1	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	16192	26672	lb/d	217	225	348	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	89	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5	8	lb/d	.07	.09	.11	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	7	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/10/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE NOTE THAT THE ATTACHMENT INCLUDES PAGE 3 OF THE STATE DMR FOR AUGUST 2014. THE WASTE FLOW FOR BASINS 3 AND 4 HAD BEEN INADVERTANTLY LEFT BLANK. THIS IS NOW CORRECTED AND INCLUDED WITH THE SEPTEMBER REPORT FOR YOUR RECORDS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	108	119	lb/d	1.4	*****	1.5	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	344	387	lb/d	4.5	*****	5.2	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9	15.1	lb/d	.13	*****	.19	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Weekly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.7	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.9	9.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/10/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE NOTE THAT THE ATTACHMENT INCLUDES PAGE 3 OF THE STATE DMR FOR AUGUST 2014. THE WASTE FLOW FOR BASINS 3 AND 4 HAD BEEN INADVERTANTLY LEFT BLANK. THIS IS NOW CORRECTED AND INCLUDED WITH THE SEPTEMBER REPORT FOR YOUR RECORDS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	20	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	149	162	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	24247	31929	lb/d	326	346	452	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	155	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/10/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE NOTE THAT THE ATTACHMENT INCLUDES PAGE 3 OF THE STATE DMR FOR AUGUST 2014. THE WASTE FLOW FOR BASINS 3 AND 4 HAD BEEN INADVERTANTLY LEFT BLANK. THIS IS NOW CORRECTED AND INCLUDED WITH THE SEPTEMBER REPORT FOR YOUR RECORDS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		0/10/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	117	389	lb/d	1	1	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	20945	38525	lb/d	232	274	368	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	171	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	8	16	lb/d	.09	.11	.14	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	8	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE FIND ATTACHED THE MONTHLY REPORT FOR OCTOBER AS WELL AS CORRECTIONS TO PAGES 3 AND 5 OF THE SEPTEMBER STATE REPORT. CORRECTIONS WERE MADE TO WASTE FLOW AND DRY TONS OF CAKE INCINERATED.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	99	103	lb/d	1.3	*****	1.3	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	393	397	lb/d	4.97	*****	5	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.79	27.24	lb/d	.12	*****	.14	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5.3	*****	*****	ug/L		Monthly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.2	23.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE FIND ATTACHED THE MONTHLY REPORT FOR OCTOBER AS WELL AS CORRECTIONS TO PAGES 3 AND 5 OF THE SEPTEMBER STATE REPORT. CORRECTIONS WERE MADE TO WASTE FLOW AND DRY TONS OF CAKE INCINERATED.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	32	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	186	389	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	31742	55259	lb/d	352	403	552	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	228	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/12/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE FIND ATTACHED THE MONTHLY REPORT FOR OCTOBER AS WELL AS CORRECTIONS TO PAGES 3 AND 5 OF THE SEPTEMBER STATE REPORT. CORRECTIONS WERE MADE TO WASTE FLOW AND DRY TONS OF CAKE INCINERATED.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ Project Manager			(508)580-7885		1/12/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	173	410	lb/d	1	2	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	20053	29193	lb/d	167	191	266	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	222	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.33	*****	.66	mg/L		10 per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.3 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	139	143	lb/d	1.3	*****	1.3	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	401	421	lb/d	3.6	*****	3.7	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		2/15/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15.87	28.52	lb/d	.12	*****	.18	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	*****	ug/L		Five per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.3	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15	24.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	256	611	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		2/15/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	29070	46041	lb/d	240	282	420	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	348	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	2/15/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		2/19/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885	2/15/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	649	7074	lb/d	3	7	20	mg/L	2	Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	19904	36671	lb/d	105	125	150	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	2147	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.79	*****	2.18	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	530	761	lb/d	2.3	*****	2.8	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	752	869	lb/d	3.5	*****	3.8	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		11/09/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17	29	lb/d	.12	*****	.16	mg/L		27 per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	*****	ug/L		Weekly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.1	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.2	42.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	387	707	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		11/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	28367	50933	lb/d	152	186	249	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	524	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		11/09/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	COMP24
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	COMP24
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
Darlene Domingos/ Project Manager			(508)580-7885	11/19/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	195	434	lb/d	1	2	3	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	18122	27831	lb/d	139	176	236	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	262	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.42	*****	1.02	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	170	197	lb/d	1.2	*****	1.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	414	443	lb/d	2.8	*****	3	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		12/12/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	18	lb/d	.11	*****	.12	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.9	20.9	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	265	349	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/2/12/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	25329	39024	lb/d	193	215	295	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	310	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			12/12/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		12/12/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE WERE NO DAYS DURING THE MONTH WHEN THE FLOW EXCEEDED 30 MGD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.05	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	155	350	lb/d	1	2	3	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	18804	56672	lb/d	166	207	496	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	220	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	1.99	*****	3.5	mg/L		11 per Month	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	426	458	lb/d	3.8	*****	4.1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	327	357	lb/d	2.9	*****	3.2	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/3/12/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15	36	lb/d	.11	*****	.33	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4.3	*****	*****	ug/L		Three per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.4	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.6	15.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	248	642	lb/d	2	2	5	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/3/12/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	27704	41133	lb/d	245	264	360	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	294	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	3/12/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885	03/13/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			3/13/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FLOW DID NOT EXCEED 30 MGD DURING THE MONTH OF FEBRUARY 2015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	385	1187	lb/d	2	2	3	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	25902	42168	lb/d	121	161	228	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	562	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	4.71	*****	7.82	mg/L		14 per Month	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	543	555	lb/d	3.7	*****	4.1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	291	306	lb/d	2	*****	2.1	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		4/13/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	24	49	lb/d	.12	*****	.17	mg/L		28 per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4.3	*****	*****	ug/L		Four per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.4	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.1	49.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	474	827	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		4/13/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	36109	53418	lb/d	173	248	312	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	570	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			4/13/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Monthly	COMP24
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	COMP24
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		04/13/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
HIGH FLOW TOXICITY TEST WAS INITIATED ON MARCH 15, 2015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	319	597	lb/d	1	1	2	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	17019	34117	lb/d	71	78	132	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	407	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	*****		*****	*****	*****	*****			
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	7.72	*****	8.92	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	2230	2408	lb/d	8.7	*****	9.9	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	93	99	lb/d	.4	*****	.4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	24.32	63.23	lb/d	.12	*****	.26	mg/L		29 per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.9	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29	38.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	47	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	490	641	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	24612	43215	lb/d	104	114	210	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	639	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	COMP24
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	COMP24
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		04/13/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
2ND HIGH FLOW EVENT WHEN FLOW EXCEEDS 30 MGD. EVENT INITIATED ON MARCH 26 THROUGH APRIL 1, 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.6	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	7.18	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	265	576	lb/d	2	2	4	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	23810	52726	lb/d	163	172	331	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	335	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	1.09	*****	2.24	mg/L		12 per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	381	512	lb/d	2.4	*****	3.1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/6/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	469	528	lb/d	2.9	*****	3.4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.96	25.6	lb/d	.11	*****	.19	mg/L		26 per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	*****	ug/L		Three per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.1	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.5	19.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/6/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	93	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	298	476	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	35463	70727	lb/d	243	293	444	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	342	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	16/09/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885	16/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		16/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE IS INSUFFICIENT FLOW FOR TESTING AND 2 ADDITIONAL TESTS WERE ALREADY CONDUCTED IN 2015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	248	394	lb/d	2	2	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	22814	39602	lb/d	173	224	284	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	272	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	84	138	lb/d	.62	.84	.99	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	117	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	247	247	lb/d	1.7	*****	1.8	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	472	493	lb/d	3.3	*****	3.5	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.61	27.19	lb/d	.13	*****	.22	mg/L		Daily	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.5	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.9	18.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	42	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	275	423	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	35339	53943	lb/d	267	321	400	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	304	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		07/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
2 ADDITIONAL TESTS WHEN FLOW EXCEEDED 30 MGD FOR 2015 WERE PREVIOUSLY SUBMITTED.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	217	483	lb/d	2	2	5	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	21767	33516	lb/d	182	180	340	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	231	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	34	64	lb/d	.27	.51	.49	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	64	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/07/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	174	192	lb/d	1.3	*****	1.5	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	475	510	lb/d	3.5	*****	3.6	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.74	35.93	lb/d	.14	*****	.24	mg/L		27 per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.6	18.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/07/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	24	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	244	311	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	27949	44507	lb/d	231	256	454	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	282	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/07/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		08/07/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	172	462	lb/d	2	3	5	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	17777	29221	lb/d	207	238	306	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	289	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	28	49	lb/d	.32	.44	.55	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	37	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	155	158	lb/d	1.7	*****	1.9	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	334	349	lb/d	3.7	*****	3.8	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.25	20.12	lb/d	.15	*****	.23	mg/L		16 per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****	ug/L		Three per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.9	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.3	12.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	50	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	178	277	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	26434	41994	lb/d	306	342	480	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	209	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	*****		*****	*****	*****	*****			
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885	09/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
QUARTERLY TOXICITY DATA
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			9/23/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885	09/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	92	225	lb/d	1	1	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	18792	36711	lb/d	234	253	364	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	114	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	8	22	lb/d	.1	.21	.26	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	17	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/07/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	92	97	lb/d	1.1	*****	1.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	356	362	lb/d	4.4	*****	4.5	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.96	15.62	lb/d	.15	*****	.19	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.6	13.4	MGD	*****	*****	*****	*****		Continuous	
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/07/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	94	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	161	224	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	26079	35141	lb/d	325	339	444	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	163	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/07/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			0/07/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	102	191	lb/d	1	2	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	25020	50584	lb/d	302	321	576	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	127	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	23	lb/d	.13	.23	.3	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	18	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/10/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	98	102	lb/d	1.2	*****	1.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	347	379	lb/d	4.2	*****	4.5	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.83	12.72	lb/d	.13	*****	.16	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.9	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.9	11.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/10/2015
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	45	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	168	271	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	26565	35843	lb/d	321	329	418	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	188	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		1/10/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	189	1701	lb/d	2	4	20	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	26186	38587	lb/d	306	336	484	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	358	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.57	*****	.99	mg/L		Twice per Week	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.3 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	189	274	lb/d	2.4	*****	3.5	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	329	332	lb/d	4.1	*****	4.2	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		2/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	16	lb/d	.12	*****	.18	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****	ug/L		Three per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.5	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.3	12	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	283	3488	lb/d	3	8	41	mg/L	1	Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		2/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	31801	46531	lb/d	369	382	492	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	637	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			2/11/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		2/16/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			2/16/2015		
DARLENE DOMINGOS/ PROJECT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.78	*****	7.14	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	149	361	lb/d	1	2	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	23740	45237	lb/d	236	258	499	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	148	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.39	*****	.9	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	109	125	lb/d	1.2	*****	1.3	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	433	450	lb/d	4.6	*****	4.9	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		11/06/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14	22	lb/d	.13	*****	.19	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.6	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.2	17.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	206	294	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		11/06/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian,Ast.Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	34936	51785	lb/d	349	384	487	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	222	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(508)580-7885	11/06/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ VP OPERATIONS			(508)580-7885		11/06/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.64	*****	6.98	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	216	365	lb/d	2	2	3	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	17582	41139	lb/d	127	220	306	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	236	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	2.29	*****	4	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	361	392	lb/d	2.7	*****	3.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	453	585	lb/d	3.2	*****	3.7	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/2/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16	24	lb/d	.14	*****	.15	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.7	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.9	20.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	282	345	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/2/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	37786	59917	lb/d	270	297	437	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	313	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		12/11/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian,Ast.Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE	
DARLENE DOMINGOS/ VP OPERATIONS			(508)580-7885	12/11/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.07	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	297	761	lb/d	2	2	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	40895	76128	lb/d	246	292	498	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	371	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	2.31	*****	2.9	mg/L		10 per Month	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	463	569	lb/d	2.9	*****	3.1	mg/L		10 per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	452	469	lb/d	3	*****	3.4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/3/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16	23	lb/d	.13	*****	.15	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	ug/L		Three per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.2	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	19.9	23.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	331	395	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		3/10/2016
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	43649	74021	lb/d	261	292	446	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	357	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	3/10/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
QUARTERLY TOXICITY DATA
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
(508)580-7885			3/10/2016		
DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS			(508)580-7885		03/10/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.76	*****	7.05	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	276	554	lb/d	2	2	4	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	24953	55224	lb/d	175	223	310	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	320	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	8.02	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	700	840	lb/d	5.4	*****	6.1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	247	250	lb/d	1.9	*****	2	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		14/08/2016
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23	34	lb/d	.13	*****	.19	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15.3	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.2	21.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	305	582	lb/d	2	2	4	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ PROJECT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		14/08/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	34467	57803	lb/d	240	267	375	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	324	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ PROJECT MANAGER			(508)580-7885		14/08/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE	
DARLENE DOMINGOS/ VP OPERATIONS			(508)580-7885	14/08/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FLOW DID NOT EXCEED 30 MGD DURING THE MONTH OF MARCH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.1	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	7.05	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	379	2845	lb/d	2	4	14	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	39233	76447	lb/d	266	332	522	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	804	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	804	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.44	*****	.88	mg/L		Twice per Week	COMP24
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	9.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	198	230	lb/d	1.2	*****	1.4	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	444	491	lb/d	2.8	*****	2.9	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.41	29.69	lb/d	.14	*****	.18	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.4	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	18.2	24.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	167	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	338	1423	lb/d	2	3	7	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	40594	54922	lb/d	274	336	437	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	502	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/5/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ VP OPERATIONS			(508)580-7885		05/10/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	161	261	lb/d	1	2	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	31902	64685	lb/d	264	383	560	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	190	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.08	*****	.1	mg/L		11 per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3.2 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	126	133	lb/d	1	*****	1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ VP Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/6/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	369	409	lb/d	2.9	*****	3.3	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.71	22.83	lb/d	.13	*****	.18	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Four per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.1	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.7	17	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ VP Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/6/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	65	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	244	283	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	35692	58808	lb/d	292	324	446	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	262	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE	DATE
Darlene Domingos/ VP Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	/6/10/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS			(508)580-7885		16/29/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE	DATE
DARLENE DOMINGOS/ VP OPERATIONS			(508)580-7885	16/10/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	138	345	lb/d	1	1	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	35546	66788	lb/d	347	404	580	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	160	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	10	lb/d	.06	.07	.08	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	9	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ VP Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	99	100	lb/d	.9	*****	1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	387	447	lb/d	3.5	*****	3.8	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.4	22.26	lb/d	.14	*****	.18	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.1	15.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ VP Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	38	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	202	252	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	36491	55162	lb/d	362	390	456	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	232	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
Darlene Domingos/ VP Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/7/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
Darlene Domingos/ VP Operations			(508)580-7885		07/12/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	122	251	lb/d	1	2	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	21426	39477	lb/d	250	374	460	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	143	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	9	lb/d	.07	.09	.1	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	8	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	96	106	lb/d	1.1	*****	1.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	363	467	lb/d	4.3	*****	5.2	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.87	17.45	lb/d	.15	*****	.2	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****	ug/L		Twice per Month	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.5	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.2	11.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/11/2016
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	39	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	170	192	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	27383	41940	lb/d	323	377	484	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	176	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos		TELEPHONE		DATE	
DARLENE DOMINGOS/ VP OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/8/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Darlene Domingos	TELEPHONE		DATE
DARLENE DOMINGOS/ VP OPERATIONS			(508)580-7885		08/11/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	107	280	lb/d	1	2	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	21758	38977	lb/d	250	285	438	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	160	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	10	lb/d	.07	.1	.12	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	9	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager Brockton AWRP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	100	103	lb/d	1.2	*****	1.2	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	312	342	lb/d	3.7	*****	4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.14	18.1	lb/d	.17	*****	.2	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	ug/L		Monthly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.5	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.4	11.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager Brockton AWRP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	54	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	176	265	lb/d	2	2	3	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	32340	51161	lb/d	373	418	576	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	188	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	188	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager Brockton AWRP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		/9/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K.O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE	DATE
Justin Chicca/ Project Manager Brockton AWRP			(508)580-7885	09/12/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE		DATE
Justin Chicca/ Project Manager Brockton AWRP			(508)580-7885		09/28/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE		DATE
Justin Chicca/ Project Manager Brockton AWRP			(508)580-7885		09/12/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

ATTN: Aram Varjabedian,Ast.Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3	SU		Twice per Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	90	176	lb/d	1	2	3	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	33036	63156	lb/d	380	389	681	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	98	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5	8	lb/d	.06	.08	.09	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	7	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager Brockton AWRP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	102	109	lb/d	1.2	*****	1.3	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	357	434	lb/d	4	*****	4.6	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.74	13.65	lb/d	.17	*****	.16	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Monthly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.5	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.4	11.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager Brockton AWRP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall

No Discharge ☐

ATTN: Aram Varjabedian, Ast. Plant Man

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	5	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	174	188	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	42535	59907	lb/d	490	556	666	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	177	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager Brockton AWRP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		0/11/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TOXICITY >30MGD FLOW
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE		DATE
Justin Chicca/ Project Manager Brockton AWRP			(508)580-7885		0/11/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	mg/L		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	117	225	lb/d	1	1	2	mg/L		Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	28906	47626	lb/d	298	389	560	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	148	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
00530 Q 3 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4	5	lb/d	.04	.06	.06	mg/L		Twice per Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 DAILY MX	lb/d	1 MO AVG	1 WKLY AVG	1.5 DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	5	lb/d	*****	*****	*****	*****		Twice per Week	COMP24
00610 Q 1 See Comments	PERMIT REQUIREMENT	*****	150 WKLY AVG	lb/d	*****	*****	*****	*****		Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	94	96	lb/d	1	*****	1.1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	335	365	lb/d	3.7	*****	4	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.64	18.77	lb/d	.14	*****	.21	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****	ug/L		Monthly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.7	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.7	13.8	MGD	*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	20	#/100mL		Five per Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	*****	400 DAILY MX	#/100mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	195	229	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	2250 DAILY MX	lb/d	5 MO AVG	8 WKLY AVG	15 DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	35000	62461	lb/d	360	422	556	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	209	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 0 See Comments	PERMIT REQUIREMENT	1200 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
Justin Chicca/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		1/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE		DATE
Justin Chicca/ Project Manager			(508)580-7885		1/10/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.64	*****	7.03	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	159	316	lb/d	2	2	2	mg/L		Daily	COMP24
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	36537	59293	lb/d	352	383	590	mg/L		Daily	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	177	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
00530 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.18	mg/L		Twice per Week	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.3 MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	101	101	lb/d	1	*****	1	mg/L		Twice per Month	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	347	358	lb/d	3.5	*****	3.6	mg/L		Twice per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		2/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15	21	lb/d	.14	*****	.19	mg/L		Twice per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	.2 ROLL AVG	*****	Req. Mon. DAILY MX	mg/L		Twice per Week	COMP24
Copper, total [as Cu] EA LIMIT	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	ug/L		Monthly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	20 MO AVG	*****	*****	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.8	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. ROLL AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.4	14.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.011 MO AVG	*****	.019 DAILY MX	mg/L		Three per Day	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Continuous	Recorder (auto)
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	207	236	lb/d	2	2	2	mg/L		Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	2250 MO AVG	4500 DAILY MX	lb/d	15 MO AVG	25 WKLY AVG	30 DAILY MX	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885		2/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR (SUBR S)
TREATED SANI/IND DISCHARGE
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	39000	52533	lb/d	376	402	518	mg/L		Daily	COMP24
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	212	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
80082 Q 1 See Comments	PERMIT REQUIREMENT	3750 WKLY AVG	*****	lb/d	*****	*****	*****	*****		Daily	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)580-7885	2/12/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Q - Report flow for monthly average

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
QUARTERLY TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	COMP24
TAA3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Quarterly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	COMP24
TBP3B 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE		DATE
Justin Chicca/ Project Manager			(508)580-7885		2/15/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test February, May, August & November
Submit DMR's end of month March, June, September & December

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Brockton Wastewater Treatment Plant
ADDRESS: 303 OAK HILL WAY
BROCKTON, MA 02301
FACILITY: BROCKTON A W R F
LOCATION: 303 OAK HILL WAY
BROCKTON, MA 02301
ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02301
MAJOR
(SUBR S)
TOXICITY >30MGD FLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Monthly	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	98 DAILY MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Justin Chicca	TELEPHONE		DATE
(508)580-7885			2/12/2016		
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.